



Regulatory and Economic Resources
Herbert S. Saffir Permitting and Inspection Center
11805 SW 26th Street
Miami, Florida 33175-2474
786-315-2000

miamidade.gov/building

REQUESTED REVIEWS

- | | | | | | |
|--|--------------------------------------|--|--|-------------------------------|-------------------------------|
| <input type="checkbox"/> ALL | <input type="checkbox"/> BLDG | <input type="checkbox"/> DERM | <input type="checkbox"/> ELEC | <input type="checkbox"/> ENRG | <input type="checkbox"/> FIRE |
| <input type="checkbox"/> HCAP | <input type="checkbox"/> LANDSCAPING | <input type="checkbox"/> MECH | <input checked="" type="checkbox"/> PLUM | <input type="checkbox"/> PWKS | <input type="checkbox"/> PWCC |
| <input type="checkbox"/> ROOF | <input type="checkbox"/> SIGN | <input checked="" type="checkbox"/> STRU | <input checked="" type="checkbox"/> ZNPR | <input type="checkbox"/> WASD | |
| <input type="checkbox"/> PERMIT BY AFFIDAVIT CHECK <input type="checkbox"/> SHORT TERM EVENT AFFIDAVIT CHECK <input type="checkbox"/> OPTIONAL PLAN REVIEW | | | | | |
| <input type="checkbox"/> BLDG <input type="checkbox"/> ELEC <input type="checkbox"/> MECH <input type="checkbox"/> PLUM <input type="checkbox"/> STRU | | | | | |

Dear Applicant:

Please complete the following information for notification on the status of your plans.

Applicant's First Name: (PRINT CLEARLY) ANA Last Name: (PRINT CLEARLY) SIBERTO

Cellular Number: 786 300 5727 Office/Home Number: _____

EMAIL Address: EVERYTHINGPOOL2@GMAIL.COM

Comments:

Pool 8101 N.W. 181st

NOTE: IF AN EMAIL ADDRESS WAS PROVIDED YOU WILL BE NOTIFIED VIA EMAIL AND/OR AUTOMATIC TELEPHONE CALL CONCERNING THE STATUS OF YOUR PLANS

-FOR OFFICE USE ONLY-

TO BE COMPLETED BY BUILDING AND OCCUPANCY REPRESENTATIVE OR PLANS PROCESSING SPECIALIST:

Application Date: 09/24/14 Clerk Name: Beil Arrival Time: 10:58

Process No(s): X2014176936

- | | | | |
|--------------------------------------|-------------------------------------|--|---------------------------------------|
| <input type="checkbox"/> Walk-Thru | <input type="checkbox"/> Drop-Off | <input checked="" type="checkbox"/> Rework | <input type="checkbox"/> Re-Issue |
| <input type="checkbox"/> Residential | <input type="checkbox"/> Commercial | <input type="checkbox"/> Plan Revision | <input type="checkbox"/> Shop Drawing |

TO BE COMPLETED BY BUILDING AND OCCUPANCY REPRESENTATIVE OR PLANS PROCESSING SPECIALIST:

Miami Dade County Department of Regulatory And Economic Resources - Job Copy

BLDG	<input type="checkbox"/> A	<input type="checkbox"/> D	<input type="checkbox"/> D	<input type="checkbox"/> N
DERM	<input type="checkbox"/> A	<input type="checkbox"/> D	<input type="checkbox"/> D	<input type="checkbox"/> N
ELEC	<input type="checkbox"/> A	<input type="checkbox"/> D	<input type="checkbox"/> D	<input type="checkbox"/> N
ENRG	<input type="checkbox"/> A	<input type="checkbox"/> D	<input type="checkbox"/> D	<input type="checkbox"/> N
FIRE	<input type="checkbox"/> A	<input type="checkbox"/> D	<input type="checkbox"/> D	<input type="checkbox"/> N
HCAP	<input type="checkbox"/> A	<input type="checkbox"/> D	<input type="checkbox"/> D	<input type="checkbox"/> N
LAND	<input type="checkbox"/> A	<input type="checkbox"/> D	<input type="checkbox"/> D	<input type="checkbox"/> N
MECH	<input type="checkbox"/> A	<input type="checkbox"/> D	<input type="checkbox"/> D	<input type="checkbox"/> N
PLUM	<input type="checkbox"/> A	<input type="checkbox"/> D	<input type="checkbox"/> D	<input type="checkbox"/> N
WASD	<input type="checkbox"/> A	<input type="checkbox"/> D	<input type="checkbox"/> D	<input type="checkbox"/> N
ROOF	<input type="checkbox"/> A	<input type="checkbox"/> D	<input type="checkbox"/> D	<input type="checkbox"/> N
SIGN	<input type="checkbox"/> A	<input type="checkbox"/> D	<input type="checkbox"/> D	<input type="checkbox"/> N
STRU	<input type="checkbox"/> A	<input type="checkbox"/> D	<input type="checkbox"/> D	<input type="checkbox"/> N
ZNPR	<input type="checkbox"/> A	<input type="checkbox"/> D	<input type="checkbox"/> D	<input type="checkbox"/> N
HRS	<input type="checkbox"/> A	<input type="checkbox"/> D	<input type="checkbox"/> D	<input type="checkbox"/> N

Customer Notified By: _____ Date: ____/____/____ Time: ____:____